				4		
SECO" AMOUNT DE	OND NOTICE: CORPORATION WILL BE	E DISSOLVED ON OR AFT	ER AUGUST 7, 1	1996.	A 3	
	UE ON OR BEFORE 8/7/96: \$61.25 (IF DISSO NONPROFIT	POTATO, MINIMUM AMUUNT U	DUE TO REINSTATE	E: \$236.25.	Amended	
(00	CORPORATION	ATTICA .	PARTMENT OF STA	ATE	i	
	NUAL REPORT	- A-5 (-)	e B. Mortham		FILED	
	1996		etary of State	~	1 1	
700			F CONTRATIONS	3	- 96 NOV 18 AMII: 2	99
DOC:	SUMENT # N9400	00002503 (((0)		7 20 101 10	22
1		v			SECRETARY OF STA	ATE
	ORIDA LICENSED BEVERAGE	ASSOCIATION, INC.	į.		SECRETARY OF STATEMENT OF STATE	
			,			
Ī	Place of Business	Mailing Address			- I LEFWIN ON TOWN THAN FAWN ON.	<u> </u>
217 S. ADF	DAMS STREET SSEE FL 32301-1708	217 S. ADAMS STREET	<i>i</i>			
1 f Water to at 1 at 1	ace at acadim and	TALLAHASSEE FL 32301	1-1708			
1					3. Date Incorporated or Qualified	3a. Date of Last Report
	al Place of Business	2a. Mailing Address			05/16/1994	05/01/1995
21 100	Rialto Place	26 100	ialto	Place	4. FEI Number 22-3309591	Applied For
Suite, Apt	pt. #, etc. # 203	Suite, Apt. #, etc.		<u> </u>		Not Applicable
City & Sta	tate _	27 世 203 City & State	<u> </u>		Certificate of Status Desired	\$8.75 Additional Fee Required
23 Mel	IBOURNE FIA	20 mel Bo	une	FI	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip 32 9	Country	Zip 20 CO /	Country		Trust Fund Contribution 8. This corporation has liability for in	Added to Fees
241	9. Name and Address of Current R	29 3290/ Registered Agent	30 U. A	<u>+ '</u>	Fiorida Statutes	Yes ⊡No
*****	. /	AGISTALAN WANT	81 Nan	ame 🔽	10. Name and Address of New Reg	gistered Agent
	GHT, WILSON W			J	ames A Gr	recr
TALL/	s. adams street Ahassee fly2301-1708		V* Y	100	ess (P.9. Box Number is Not Acceptable	le) _
** ***** .	THOSEE FLYSCOUTTOO		83	# 2	103	*
	/ ` `		84 City	nas	. 0	las 7in Code
11. Pursuant	nt to the provisions of Sections 617.0502 and registered agent, or both in the State of Fi am familiar with, land/accept the deligation	nd 617.1508, Florida Statute	s. the above-nam	ad corpori	ration submitte this statement for the pur	FL 3290/
agent. I ar	am familiar with, and accept the deligation	ns of Section 617.0503, Flor	thorized by the co ida Statutes.	orporation's	s board of directors. I hereby accept the	pose of changing its registered ine appointment as registered
	Signature, typed or ponted name of registered agent and	nd title if applicable: (NOTE: I	fres.	de	nT	7-20-96
12. •	OFFICERS AND DI	DIRECTORS	Registered Agent signate 13.	ure required w	when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE
TITLE NAME	WRIGHT, WILSON, W	DELETE	1.1 TITLE	TPT	D.	ERS AND DIRECTORS IN 12 Change Addition
STREET ADDRESS	217 S. ADAMS STREET	,	12 NAME	10	ames A Green	
CITY-ST-ZIP	TALLAHASSEE FL 32301-1708		1.3 STREET ADDRESS	SS 10		e #203
TITLE	P	DELETE	1.4 City-St-Zip 2.1 Title	1/=	W me 18 F/4 32	290/
NAME STREET ADDRESS	LOVE, JAY 9555 SOUTH-DIXIE HWY		2.2 NAME	マン	Toe Reill-	Change Addition
CITY-ST-ZIP	MIAMI FL 33156	,	2.3 STREET ADDRESS	s 16	00 Ralto place	ice # 203
TITLE	7	₩ QELETE	2.4 CITY-ST-ZIP 3.1 TITLE	 '	me IB FIA. 32	2901
NAME STREET ADDRESS	SALVATORE, LEWIS	پد ر- ۰۰۰	3.1 TITLE 3.2 NAME	DV	Nancy Hendry	Change Addition
STREET ADDRESS CITY-ST-ZIP	1528 MAIN STRBET SARASOTA FL 34236	,	3.3 STREET ADDRESS	_		c #203
TITLE	S	Morete	3.4. CITY-ST-ZIP		MeIB Fl. 3	3290)
NAME	HEALY, JOE	DELETE	4.1 TITLE 4.2 NAME	Ţ	60000201	a Shange Addition
STREET ADDRESS	365 NORTH POINCIANA	, , , , , , , , , , , , , , , , , , ,	4. 2 NAME 4.3 Street address	.	-11/22/96-	01004010
CITY-ST-ZIP	MIAMI SPRINGS FL 33161		4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		******61.2	25 *****61.25
TITLE NAME		DELETE	5.1 TITLE	+		Change Addition
STREET ADDRESS		,	5.2 NAME			Uldingo
CITY-ST-ZIP		,	5.3 STREET ADDRESS			1
ME .	· · · · · · · · · · · · · · · · · · ·	DELETÉ	5.4 CITY-ST-ZIP 6.1 TITLE	 		
AME TREET ADDRESS			6.2 NAME		,	Change Addition
TY-ST-ZIP			6.3 STREET ADDRESS	1	4.:	While no no
. I do hereby	certify that the information supplied with	this fiting is voluntarily furnis'	64 City-St-7/P	25.40	Ÿ	101-60-96
further certify made under	certify that the information supplied with it ify that the information indicated on this and or cath; that I am an officer or director of the ne appears in Block 12 or Block 13 if chang	inual report or supplemental	annual report is tr	quality for	the exemption stated in Section 119.07 courate and that my signature shall have	77(3)(k), Florida Statutes, I
that my norm	e appears in Block12 or Block13 if change	ged or on an attachment wit/	than address.	/8f80 to 6A	recute this report as required by Chapt	iter 617, Florida Statutes; and
IGNATU	JRE: VSIGNOT	WHE BERUI	RED		7-20-9/1 40	U/ /AU-
	(CI I Inn't NACES !	nev .		/Y X V ` ////	0274

Daytime Phone #